PTO/SB/17 (10-08)
Approved for use through 06/30/2010. OMB 0651-0032
Trademark Office: U.S. DEPARTMENT OF COMMEDCE

JUL 1 0 2009

Under the Paperwork Red	uction Act of 1995	, no person are require	d to respond		on of inform	ation unless	it displays	a valid OMB	control numbe	
Effecti		Complete if Known								
Fees pursuant to the Consolid	8). Appli	Application Number			10/815,016-Conf. #9225					
1 FEE TRA	Filing	Filing Date			March 31, 2004					
l .	First	First Named Inventor			Ellen Glassman					
For	Exam	Examiner Name			N. Chowdhury					
Applicant claims sma	Art Ur	Art Unit			2621					
TOTAL AMOUNT OF PAYMENT (\$) 200.00				Attomey Docket No.			SOA-0387			
METHOD OF PAYMEN	NT (check all ti	nat apply)								
Check Credit	Card M	Ioney Order	None	Other (	please ident	tify):				
Deposit Account Dep	osit Account Numb	e: 18-0013	3	 Deposit	Account Nar	ne: Rader	, Fishm	an & Gra	uer PLLC	
L		account, the Directo	or is hereb	y authorize	ed to: (che	eck all that	apply)			
X Charge fee(s	) indicated bel	ow	Γ	Charg	e fee(s) ir	ndicated b	elow, ex	cept for th	e filing fee	
Charge any fee(s) under	additional fee(s	s) or underpayment	s of	x Credit	any over	payments				
FEE CALCULATION			-					<del></del>		
1. BASIC FILING, SEARC	H. AND EXAM	INATION FEES					,			
			SEARCH	FEES	EXAMI	NATION	FEES			
Application Type		Small Entity		all Entity	Foc (\$1	Small		Eoos B	aid (\$)	
Application Type Utility	Fee (\$) 330		<del>) (\$)</del> 40	Fee (\$) 270	Fee (\$) 220	<u>Fee</u> 11		<u>Fees F</u>	'aid (\$)	
1 1			-				'0 '0			
Design	220		00 20	50	140					
Plant Reissue	220 330		30 40	165 270	170 650	32	35 5			
Provisional	220	110	0	0	0.50	32	 0			
	220	110	U	U	U		•		C!! F-4i4.	
2. EXCESS CLAIM FEES Fee Description								Fee (\$)	Small Entity Fee (\$)	
Each claim over 20 (inclu	ding Reissues)							52	26	
Each independent claim of	-							220	110	
Multiple dependent claims	5							390	195	
Total Claims E	ktra Claims	Fee (\$)	Fee Paid	(\$)		Multiple D	epende	nt Claims		
- 20 or HP	x				Ē	ee (\$)	<u>F</u>	ee Paid (\$	)	
HP = highest number of total cl	aims paid for, if gr	eater than 20.							_	
Indep. Claims E	ktra Claims	Fee (\$)	Fee Paid	(\$)						
- 3 or HP =		<del></del>								
HP = highest number of indepe		for, if greater than 3.								
3. APPLICATION SIZE FE	E .	1.100 -1 6	( 1	!!		C1				
If the specification and d listings under 37 CFR	rawings excee	a 100 sneets of pap	due is \$2	ing elecu 70 (\$135 f	for small	mea seque entity) for	ence or c	omputer ditional 50	)	
sheets or fraction ther	eof. See 35 U	.S.C. 41(a)(1)(G) a	ind 37 CF	R 1.16(s).	ioi siiidii		cucii uu	unionai s	,	
	Extra Sheets	Number of eac			ction there	of Fe	e (\$)	Fee I	Paid (\$)	
- 100 =		/50 =	(round	up to a who	ole number	) ×	=			
4. OTHER FEE(S)								Fees	Paid (\$)	
Non-English Specifica		///	liscount)							
Other (e.g., late filing s	surcharge):	Petition/						20	0.00	

SUBMITTED BY	1 1		Į		4				
Signature	7	ス	ノ	/	$\nabla$	Registration No. (Attorney/Agent)	40,290	Telephone	(202) 955-3750
Name (Print/Type)	Christo	oher M	. 7	bin				Date	July 10, 2009